Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
[(Column	(Column 1)		(Column 2)		TYPE		OR		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER F	NUMBER FILED		ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	S minus 20=		*		l	X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	,	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II								· · · · · · · · · · · · · · · · · · ·	-		OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			SMALL	ENTITY
AMENDMENT A	À	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 🐌 18	Minus	3		=		X\$ 9=		OR	X\$18=	
	Independent	. 4	Minus		SCIANA	=		X40=	42	OR	X80=	
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDEN	CLAIM			+135=	140	OR	+270=	
								TOTAL ADDIT. FEE	189	OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										?	
		CLAIMS		HIGH	EST		Ιr		ADDI-	- 1	· · · · · ·	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	7 0 11	=		X\$ 9=		OR	X\$18=	·
	Independent	•	Minus	444		=	lt	X40=		 OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		łţ				-070	
					•,			+135=		OR	+270=	
,	:	•					. /	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_			٠.		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> </u>		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=			+270=	
	16 alian amana lain ambi	ımn 1 is less than ti	na antou lo solu	mn 9 uzit	a "()" in ~	luma 3	l			OR	TOTAL	
′ ••	If the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE	is less tha	n 20, enter "20."	. ,	TOTAL ADDIT. FEE		ÓR	ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADIT. FEEOR ADDIT. FEEOR ADDIT.												